

APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

019773667/SAIC0031-115

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 40 | |
| FOR NUMBER FILED | | NUMBER EXTRA |
| TOTAL INDEPENDENT CLAIMS | 40 minus 20 = | 20 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the figure in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | 360 |
| X40= | | OR | X80= | - |
| +135= | | OR | +270= | - |
| TOTAL | | OR | TOTAL | 1070 |

CLAIMS AS AMENDED - PART II

| Column 1 | (Column 2) | (Column 3) |
|----------------------------------|---|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 20 | 40 | = |
| 4 | 3 | = |
| AMENDMENT A | MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| (Column 2) | (Column 3) |
|---|---------------|
| HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 40 | = |
| 3 | = |
| MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| (Column 2) | (Column 3) |
|---|---------------|
| HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 40 | = |
| 3 | = |
| MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

In column 2, write "0" in column 3.

If the number in column 2 is less than 20, enter "20."

If the number in column 2 is less than 3, enter "3."

(Total or Independent) is the highest number found in the appropriate box in column 1.